



S.C. Department of Labor, Licensing and Regulation  
Soil Classifiers Advisory Council  
110 Centerview Drive • Post Office Box 11419 • Columbia, S.C. 29211-1419  
Telephone (803) 896-4580 • Fax (803) 896-4424

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## Application for Reinstatement of Professional Soil Classifier's License

**Checks are an accepted form of payment.** Please make all checks payable to LLR – Soil Classifiers Advisory Council. When you submit a check as payment, you authorize the agency to use information from the check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. You are also authorizing the agency to collect a fee through electronic fund transfer from your account if your payment is returned unpaid.

**THE APPLICATION FEE FOR REINSTATEMENT OF A LAPSED LICENSE IS \$250.00. PLEASE ENCLOSE DOCUMENTATION OF THIRTY HOURS OF CONTINUING EDUCATION HOURS WITH THIS APPLICATION. ONE OF THE THIRTY HOURS MUST BE IN THE ROLE OF PROFESSIONAL ETHICS ROLES, RESPONSIBILITIES, AND CONDUCT OF PROFESSIONAL SOIL CLASSIFIERS OR A REVIEW OF THE SC STATUTE AND REGULATIONS. *\*Please note that if your license has lapsed for more than three (3) years, you must reapply for licensure.***

### I. Personal Data

1. Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)
2. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_
3. Resident Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Personal E-mail: \_\_\_\_\_  
Preferred Address: \_\_\_\_\_ Business \_\_\_\_\_ Residence

#### 4. Miscellaneous Questions

- (a) Have you ever been refused a license or had disciplinary proceedings filed against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (b) Have you ever been convicted of a crime other than a minor traffic offence? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (c) Have you ever been judged mentally incompetent by court or competent jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (d) Have you ever been denied licensure as a soil classifier or soil scientist in any state or jurisdiction? \_\_\_\_ Yes \_\_No
- (e) Has your license to practice soil classifying or soil science ever been revoked or suspended?\_\_\_\_\_ Yes \_\_\_\_ No
- (f) Have you surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (g) Have you ever been found by a court or registration board to have violated the soil classifying or soil science laws or the professional/occupational laws of any jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (h) Have you entered into any negotiated settlement with regard to professional or occupational registration laws? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (i) Have you practiced soil classifying in the State of South Carolina during the time that your license was in lapsed status? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answer “Yes” to any of the above questions, please attach an explanation on a separate sheet. Be sure to include dates and states/jurisdictions where any action was taken. Additional documents from courts or other Boards may also be required.**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

*Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.*

## AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

### **Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_;  
Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_;  
Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_;  
Card Number \_\_\_\_\_;  
Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_;  
Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

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(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

0/5/12 Affidavit of Eligibility